

# OFFICE OF LAND QUALITY

## 2003 HAZARDOUS WASTE BIENNIAL REPORT

IND006049456 MID CITY PLATING COMPANY INC County: DELAWARE

Date Received: MAR 02 2004 Logged in        ID Record created       

Review Date 5/6/04 by JRD  
 Contacted handler        /        /        (   letter    e-mail    phone   )  
 Response        /        /         
 Contacted handler        /        /        (   letter    e-mail    phone   )  
 Response        /        /       

Electronic Load        /        /        by         
 Manual entry 5/6/04 by JRD  
 Contractor data entry batch #         
 Proofed        /        /        by       

## FORM/PAGE/SECTION

## CORRECTIONS MADE BY OLQ STAFF

GM 2

Omitted; NOT Required to be  
reported

## Staff Notes

RECEIVED

MAR 02 2004

ID FORM



# OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION

(Instructions at [www.in.gov/idem/land/hazwaste/fda.html](http://www.in.gov/idem/land/hazwaste/fda.html))

INFORMATION ON FILE as of 12/01/2003		CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input checked="" type="checkbox"/> As a component of the annual or biennial report <input type="checkbox"/> As a component of the annual operation fees
RCRA ID	IND006049456	
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	_____we moved * _____post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	
CONTACT	RODNEY MUZZARELLI Title GEN MGR Address 921 E CHARLES PO BOX 6 MUNCIE IN 47308 Phone 765-289-2374 Ext Fax 765-289-2520 E-mail ROD@MCPLATING.COM	
OWNER	MID CITY PLATING CO INC Address 921 E CHARLES ST MUNCIE IN 47305 phone 765-289-2374 Ext fax e-mail	Did the owner change? ___ Yes <input checked="" type="checkbox"/> No Date changed: ____/____/____
Land type	P ___private ___municipal ___county	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
Owner type	P ___state ___federal ___district ___Indian ___other	

Contact for  
questions on the  
Annual/Biennial report

Last Name MUZZARELLIFirst Name RODNEYTitle GEN. MGR.Phone # 765-289-2374

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

FIRST  
Last NameRODNEY

LAST

First name MUZZARELLI

Title

GEN. MGR.

Signature

Date

02-19-04

HAZARDOUS WASTE ACTIVITY	OLQ records	Status in 2003	Status in 2004
<b>GENERATOR</b> LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	<input checked="" type="checkbox"/> LQG      ___ Non-handler ___ SQG      ___ Out of Business ___ CEG	<input checked="" type="checkbox"/> LQG      ___ Non-handler * ___ SQG      ___ Out of Business* ___ CEG
<b>TREATMENT, STORAGE, DISPOSAL FACILITY</b>		___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities	___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities
<b>TRANSPORTER</b> S = we transport our own waste C = we transport waste for others X = transporter, status unknown		___ We transport our own waste (S) ___ We transport for others (C) ___ No longer transport; still in business ___ Out of business	* If you checked out of business or non-handler, we will deactivate your ID number. You must reapply for the number before using it again.

**EXEMPT BOILER and/or INDUSTRIAL FURNACE**

\_\_\_ smelting, melting, refining exemption  
 \_\_\_ small quantity on site burner exemption

\_\_\_ **United States Importer of Hazardous Waste**

\_\_\_ **Mixed Waste Generator** (hazardous and radioactive)

**USED OIL** If you are just a generator of used oil this section does not apply to you.

\_\_\_ Transporter      \_\_\_ Processor      \_\_\_ Marketer who directs shipment to off-specification burner  
 \_\_\_ Transfer Facility      \_\_\_ Re-refiner      \_\_\_ Marketer who first claims the oil meets specifications  
 \_\_\_ Collection Ctr      \_\_\_ Off-specification Used Oil Burner

**TRANSFER FACILITY ACTIVITIES**

\_\_\_ Mix      \_\_\_ Comingle  
 \_\_\_ Bulk      \_\_\_ Repackage  
 \_\_\_ Pump      \_\_\_ Open containers  
 \_\_\_ Combine      \_\_\_ Transfer between vehicles

**UNIVERSAL WASTE**

\_\_\_ L = large handler: accumulates > or = 11,000 pounds  
 \_\_\_ S = small handler: accumulates < 11,000 pounds

**HW CODES** Box 1 on the Uniform HW Manifest

F006      F008      \_\_\_  
 \_\_\_      \_\_\_      \_\_\_

**NAICS CODE(S)** A code that describes your type of business

332  
 (primary)

(Go to [www.naics.com](http://www.naics.com) to find code list)

**COMMENTS**

Return to: Facilities Data Analysis Section, Office of Land Quality  
 Indiana Department of Environmental Management  
 PO Box 6015, 100 North Senate Avenue  
 Indianapolis, Indiana 46206-6015



**OFFICE OF LAND QUALITY**  
**HAZARDOUS WASTE BIENNIAL REPORT - 2003**

<b>FORM GM</b>
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**GENERATION  
& SHIPMENT**

**RCRA ID** IND006049458

**NAME** MID CITY PLATING CO., INC.

<b>A: Waste Description</b>	WASTEWATER TREATMENT SLUDGES FROM CN-ZN ELECTROPLATING RQ, HAZARDOUS WASTE, N.O.S. CLASS 9 UN 3077 PG III F006 FILTERCAKE
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<b>B: Waste Codes</b>	F006
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<b>C: Quantity Generated</b>	425,076.00	Pounds
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<b>D: Form Code</b>	W 504	<b>E: Source Code</b>	G23 (If G25 enter a management code) H077
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		F. RCRA ID of facility shipped to	G. Quantity Shipped Off-site	H. Management code
<b>OFF SITE SHIPMENT</b>	Site #1	MID0007248	425,076.00	H111
	Site #2			H
	Site #3			H
	Site #4			H

		I. Management code	J. Quantity Managed On Site
<b>ON SITE MANAGEMENT</b>	System #1	H	
	System #2	H	

**COMMENTS:**



OFFICE OF LAND QUALITY  
HAZARDOUS WASTE BIENNIAL REPORT - 2003

FORM  
GM

GENERATION  
& SHIPMENT

RCRA ID IND006049456

NAME MID CITY PLATING CO., INC

A: Waste Description	RINSEWATERS FROM ELECTROPLATING
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B: Waste Codes	D007 D002
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C: Quantity Generated	3,600,000.00
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D: Form Code	W 110	E: Source Code	G03 (If G25 enter a management code) H071
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OFF SITE SHIPMENT		F: RCRA ID of facility shipped to	G: Quantity Shipped Off-site	H: Management code
OFF SITE SHIPMENT	Site #1			H
	Site #2			H
	Site #3			H
	Site #4			H

ON SITE MANAGEMENT		I: Management code	J: Quantity Managed On Site
ON SITE MANAGEMENT	System #1	H071	3,600,000.00
	System #2	H	

COMMENTS: GALLONS OF RINSEWATER PROCESSED IN PRETREATMENT PRIOR TO DISCHARGE TO POTW. S.G. 1.0 AT 8.34 LB/GAL



OFFICE OF LAND QUALITY  
HAZARDOUS WASTE BIENNIAL REPORT - 2003

<b>FORM</b>
<b>GM</b>

GENERATION  
& SHIPMENT

RCRA ID IND006049458

NAME MID CITY PLATING CO., INC.

<b>A: Waste Description</b>	SPENT PLATING BATH RESIDUES FROM PLATING BATHS WITH CYANIDE RQ, WASTE CYCANIDE SOLUTION N.O.S. 6.1, UN 1935, PG III, F008 CYANIDE SODIUM CARBONATE
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<b>B. Waste Codes</b>	D001 D003 F007 F008
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<b>C. Quantity Generated</b>	137,625.00	Pounds
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<b>D. Form Code</b>	W 107	<b>E. Source Code</b>	G03 (If G25 enter a management code) H141
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		F. RCRA ID of facility shipped to	G. Quantity Shipped Off-site	H. Management code
OFF SITE SHIPMENT	Site #1	MID000724831	137,625.00	H073
	Site #2			H
	Site #3			H
	Site #4			H

		I. Management code	J. Quantity Managed On Site
ON SITE MANAGEMENT	System #1	H	
	System #2	H	

COMMENTS:

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**OFFICE OF LAND QUALITY**  
**HAZARDOUS WASTE BIENNIAL REPORT - 2003**

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**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

**RCRA ID  
NAME**

**IND006049456  
MID CITY PLATING CO., INC.**

Off-Site Installation#1	RCRA ID	MID000724831	TSD	
	Name	Michigan Disposal Waste Treatment Plant		
	Address	Street: 49350 North I-94 Service Dr City: BELLEVILLE State: MI Zip: 48111-		

Off-Site Installation#2	RCRA ID			
	Name			
	Address	Street: City: State: Zip:		

Off-Site Installation#3	RCRA ID			
	Name			
	Address	Street: City: State: Zip:		

Off-Site Installation#4	RCRA ID			
	Name			
	Address	Street: City: State: Zip:		

**COMMENTS:**